

Vital Records Office
PO Box 70
Burlington, VT 05402

Application for Certified Copy of Vermont Birth or Death Certificate

Items with an Asterisk (*) are *REQUIRED* information.

Applicant's Information*:

Your Name: First*: _____ Middle: _____ Last*: _____ Suffix: _____
 Business Name: _____
 Mailing Address*: _____ City*: _____
 State*: _____ Zip Code*: _____ Date of Birth*: ____ / ____ / ____
 Phone Number*: (____) ____ - _____ Email Address: _____

Certificate Information*:

I am requesting a (choose one)*:

Birth Certificate
 Date of Birth*: ____ / ____ / ____
 Town of Birth* _____
 Is this a Certificate of Birth for a Foreign-Born Child?
 ___ Yes ___ No

Death Certificate
 Date of Death*: ____ / ____ / ____
 Town of Death* _____

Name on Certificate: First*: _____ Middle: _____ Last*: _____ Suffix: _____
 Sex*: ___ Male ___ Female ___ X (Non-binary)
 Name of Mother/Parent: First: _____ Middle: _____ Last: _____ Suffix: _____
 Name of Father/Parent: First: _____ Middle: _____ Last: _____ Suffix: _____

Your Relationship to the Person Named on the Certificate (choose one)*:

- | | |
|--|---|
| <input type="checkbox"/> Self (BC Only)
<input type="checkbox"/> Spouse
<input type="checkbox"/> Child
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grandchild
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Court Appointed Executor or Administrator
<input type="checkbox"/> Petitioner for Decedent's Estate (DC Only)
<input type="checkbox"/> Legal Representative (for one of the above) | <input type="checkbox"/> Authorized By Court Order
Pursuant to 18 V.S.A. § 5016(b)(2)(B).
Must provide a certified copy of court order.
Photo copies will not be accepted.
<input type="checkbox"/> Authority for Final Disposition (DC Only)
<input type="checkbox"/> Social Security Administration (DC Only)
<input type="checkbox"/> U.S. Department of Veterans Affairs (DC Only)
<input type="checkbox"/> Deceased's Insurance Carrier (DC Only)
<input type="checkbox"/> Employee of a Vermont public agency authorized
pursuant to 18 V.S.A. § 5016(a)(6). |
|--|---|

Application continues on page 2.

Order Details*:

Total number of copies requested: ___ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to the **Vermont Department of Health.**

Applicant's Identification Document(s)*

As per Vermont Statute, a copy of your valid ID **MUST** be submitted with your application. Submit a copy of one of the documents listed below. Fill in the ID number and expiration date of the selected ID you are providing.

Document #: _____ Expiration Date: ____ / ____ / _____

- | | |
|---|---|
| <input type="checkbox"/> U.S. issued Driver's License or ID Card | <input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or U.S. Permanent Resident Card (Form I-551) |
| <input type="checkbox"/> U.S. Territories Driver's License or ID Card | <input type="checkbox"/> U.S. Employment Authorization Document or Card (Form I-765) |
| <input type="checkbox"/> Tribal ID Card containing your signature | <input type="checkbox"/> Valid State of Vermont Employee ID |
| <input type="checkbox"/> U.S. Military ID Card containing your signature | <input type="checkbox"/> "Affidavit of Homeless Status" form ** |
| <input type="checkbox"/> Passport: U.S. or Foreign issued | <input type="checkbox"/> Documentation from Vermont Department of Corrections substantiating identity ** |
| <input type="checkbox"/> VISA: U.S. issued and included within a Passport containing your signature | |

** - Does not require document number or expiration date

If you do not have one of the above ID's, you must submit copies of two documents from the list below.

These two documents together must show your current address and your signature.

Only the documents listed below are acceptable forms of alternative ID.

- | | |
|---|---|
| <input type="checkbox"/> Employee Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 Form | <input type="checkbox"/> Voter's Registration Card |
| <input type="checkbox"/> School, University or College Photo ID with Report Card or other proof of current enrollment | <input type="checkbox"/> Filed Federal Tax Form with current address and signature |
| <input type="checkbox"/> Federal or State Corrections or Prisons issued ID | <input type="checkbox"/> Bank Statement, Property or Utility Bill with current address |
| <input type="checkbox"/> Social Security or Medicare Card with your signature | <input type="checkbox"/> U.S. or State Court documents with current address |
| <input type="checkbox"/> Pilot's license | <input type="checkbox"/> A receipt from a licensed health care provider with name and current address |
| <input type="checkbox"/> Car Registration or Title with current address | <input type="checkbox"/> First class mail with name and current address |
| <input type="checkbox"/> U.S. Selective Service Card | |

Verification*:

Any person who knowingly makes a false statement, misrepresentation or certification as to any material fact on this application shall be fined not more than \$10,000 or imprisoned for not more than six months or both. 18 V.S.A. § 131(c).

I certify that the information provided on this form is true and I am eligible to receive a certified copy.

Signature*: _____ Date Signed*: ____ / ____ / _____

Print Name*: _____

Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to Vermont Department of Health, Vital Records, P.O. Box 70, Burlington, VT 05402.